PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10629343

		CLAIMS A	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN												
TOTAL CLAIMS			20				[[RATE	FEE	7	RATE	FEE											
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	385.00	OR	BASIC FEE	770.00											
TOTAL CHARGEABLE CLAIMS			20 minus 20=		•		,	X\$ 9=		OR	X\$18=												
INDEPENDENT CLAIMS			4 mi	nus 3 =	• (X43=		OR	X86=	2-6											
ML	JLTIPLE DEPE	NDENT CLAIM PI	RESENT					145=		OR	+290=												
• If the difference in column 1 is less than zero, enter "0" in column 2						L	OTAL	 	OR	TOTAL	228												
5/4/65 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							s	OTHER THE SMALL ENTITY OR SMALL EN			1												
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	. 6	Minus	-21	2	= '	 	(\$ 9=	1	OR	XS18=												
	Independent	NTATION OF ME	Minus	••• C	<u>{</u>	-	[,	<43 =		OR	X86=												
	FINST PRESE	INTATION OF ME	JETIPLE DEF	ENDENT	CLAIM		' _	145=		OR	+290=												
											TOTAL ADDIT. FEE												
	······································	(Column 1)		(Colun	nn 2)	(Column 3)		NT. FEE			ADD11.1 CC												
ENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGHI NUME PREVIC PAID I	BER CUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
AMENDMENT	Total	-	Minus	•		Ξ	×	(\$ 9=		OR	XS18=												
AME	Indurendent		Minus	***		=	,	(43=		OR	X86=												
	FIRST PRESE	NTATION C- JI	CLACE DEB	ENDEX	CLAIM	<u> </u>] [-	145=		OR	+290=												
·								 		OR	TOTAL 2DDIT FEE	•											
		Solumn 1		Colum	.r 2.	Chivme 3		•		-	. 35 122												
AMENDMENT C		CLAINS REMAINING AFTER EVENOVENT		HGHE NUMB PREVIO	ST IER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL		RATE	ADDI- TIONAL FEE											
	Total	*	Minus	**		=	×	S 9=		OR	XS18=												
AME	Independent	·	Mirus		0		×	43=		OR	X86=												
_1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										_200-												
If the entry in column 1 is less than the entry in column 2, write 10 in column 3 TOTAL OR TOTAL OR OR OR OR OR OR OR OR OR O										+290= TOTAL													
11	the "Highest Nun	nber Previously Pai	d For IN THIS	SPACE is	less than	3. enter "3 "	~001		ropriate box		The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1												